FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1		ONGANIZATION				FEC MAIL CENTER	
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	5	
ARKANSA	SREF	PUBLICAN L	ĘĄDĘ	RSHIP FED	ERAL (COMMITTEE	
			1111				
ADDRESS (number a	nd street)	P. O. BOX 7	/4127	4			
(Check if a is changed)		BOYNTON	BEAC	H	FL	33474	
			СПҮ		STATE	ZIP CODE	
COMMITTEE'S E-MA	address	S (Please provide only of Republican		dress) ershipCommi	ttees@	yahoo.com	
COMMITTEE'S WEB PAGE ADDRESS (URL)							
(Check if is change					1-1-1-1		
2. DATE Ï()" ′ 24 ⁶	' ′ 20 ' 12					
3. FEC IDENTIFIC	CATION NU	MBER C					
4. IS THIS STATE	MENT 🔀	NEW (N) OF	3	AMENDED (A)			
I certify that I have o	examined this	s Statement and to the	best of my	knowledge and belief it	is true, corre	ct and complete.	
Type or Print Name	of Treasurer	EDWARD	BUSH				
Signature of Treasure	er <u> </u>	Ederand	Br	wh	Date 1	0° ′ 24° ′ 20′12 `	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.							
Office Use				For further information ex Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	